## **APPLICATION DATA SHEET**

#### **Application Information**

Application Number:: To be Assigned

Filing Date:: July 21, 2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

**Suggested Group Art Unit::** 

**CD-ROM or CD-R?::** 

**Number of CD Disks::** 

Number of Copies of CDs::

Sequence Submission?::
Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: METHOD OF TESTING SEISMIC BRACES

Attorney Docket Number:: 36737-189786

Request for Early Publication?:: No

Request for Non-Publication?:: No

**Suggested Drawing Figure:** 1, 2a, 2b, 3-8, 9a, 9b, 10-13, 14A-14B, 15-16, 17A-

17B, 18A-18D, 19A-19B, 20-22, 23A-23B

Total Drawing Sheets:: 10

Small Entity?:: No

Latin Name::

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

**Licensed US Govt. Agency::** 

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

#### **Applicant Information**

**Applicant Authority Type::** Inventor

Primary Citizenship:: United States

Country:: United States

Status:: Full Capacity

Given Name:: Praveen

Middle Name:: K.

Family Name:: MALHOTRA

Name Suffix::

City of Residence::

State or Province of Residence::

**Country of Residence::** 

Street of Mailing Address:: 110 Upland Road

City of Mailing Address:: Sharon

**State or Province of Mailing** 

Address::

MA

**Country of Mailing Address::** United States

Postal or Zip Code of Mailing

Address::

02067

**Applicant Authority Type::** Inventor

Primary Citizenship:: United States

Country:: United States

Status:: Full Capacity

Given Name:: Paul

Middle Name:: E.

Family Name:: SENSENY

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address:: 401 Buckminster Drive, Apt. 107

Norwood City of Mailing Address:: State or Province of Mailing MA Address:: **Country of Mailing Address::** 02062-9102 Postal or Zip Code of Mailing Address:: Inventor **Applicant Authority Type::** Brazil **Primary Citizenship::** Brazil Country:: **Full Capacity** Status:: **Antonio Carlos** Given Name:: M. Middle Name:: **BRAGA** Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence::** 10852 Wellworth Avenue **Street of Mailing Address::** Los Angeles **City of Mailing Address:: State or Province of Mailing** CA Address:: **United States Country of Mailing Address::** 90024 Postal or Zip Code of Mailing Address:: Inventor Applicant Authority Type:: **Primary Citizenship::** Country:: Full Capacity Status::

Roger

ALLARD

L.

Given Nam ::

Middle Name::

Family Name::

Name Suffix::					
City of Residence::					
State or Province of R	esidence::				
<b>Country of Residence</b>	::				
Street of Mailing Addr					
City of Mailing Addres					
State or Province of M Address:: Country of Mailing Ac					
Postal or Zip Code of Address::	Mailing				
Correspondence I	nformation				
Correspondence Customer Number:: Phone Number:: Fax Number::		6694			
		202-962-4800			
		202-962-8300			
		jpshannon@venable.com			
E-Mail Address::					
Representative In	formation				
Representative Cust Number::	omer 2	6694			
Domestic Priority	Information				
Application::	Continuity Typ	pe::	Parent Application::	Parent Filing Date::	
	Continuation	of			
	Continuation	of			
	Continuation	of			
	Continuation	of			

# Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

## **Assignee Information**

Assignee Name:: FACTORY MUTUAL RESEARCH

Street of Mailing Address:: 1151 Boston-Providence Turnpike, Box 9102

City of Mailing Address:: Norwood

State or Province of Mailing

MA

Address::

Country of Mailing Address:: United States

Postal or Zip Code of Mailing

Address::

02062-9102